

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AB</i>		<i>87-10-1</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>A-S</i>	<i>943</i>	<i>4-21-1</i>
RESPONSE FORMALITY REVIEW	<i>MD</i>	<i>890</i>	<i>07/31/01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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Res-617
31-01